P.O. Box 12070

#### JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH 3959 CAMPAIGN FINANCE REPORT COVER SHEET PG 1 ACCOUNT# 2 Total pages filed: The JC/OH INSTRUCTION GUIDE explains how to complete this form. (Ethics Commission filers) TITLE OFECE USE ONLY CANDIDATE / Date Received HTY CONTROL TY TEXAS KAREN **OFFICEHOLDER** M Ms. NAME NICKNAME PARKER APT / SUITE #: ADDRESS / PO BOX: CANDIDATE / 221 W. 64h Street Suite 1800 Austin, Tx 78701 **OFFICEHOLDER ADDRESS** Change of Address Receipt # TITLE FIRST CAMPAIGN TREASURER TERRY HD / PM MR. NAME NICKNAME Date Processed WELDON Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN TREASURER 106 E. 64h St. Suite 700, Austin TX 78701 ADDRESS (Residence or business) EXTENSION AREA CODE PHONE NUMBER CAMPAIGN TREASURER PHONE 477-2256 (512) 8 REPORT TYPE 15th day after campaign treasurer January 15 30th day before election Runoff appointment (officeholder only) Exceeded \$500 limit Final report (Attach JC/OH - FR) July 15 8th day before election Day 9 PERIOD THROUGH 1/30/98 COVERED 2/28/98 **ELECTION DATE** ELECTION TYPE 10 ELECTION Primary Runoff General Special 3 98 12 OFFICE SOUGHT (#known) Judge, 261 ST District Court OFFICE HELD (if any) 11 OFFICE 13 DIRECT Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. CAMPAIGN Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **EXPENDITURE** BY OTHER INDIVIDUALS Address / PO Box: Apt. / Suite #: State: Zip Code City: additional pages **GO TO PAGE 2**

P.O. Box 12070

	ON GUIDE explains how to complete this form.		1 Total pages Sche	dule B(J):
FILER NAM	ME		3 ACCOUNT# (EII	nics Commission filers)
TOTAL	OF UNITEMIZED PLEDGES:	\$ \$ \$ \$	⇒ ⇒	\$
Date	6 Full name of pledgor  7 Pledgor address; City; State; Zip	out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
Pledgor's pr	incipal occupation	11 Pledgor's job tit	le	 
Pledgor's er	mployer/law firm	13 Law firm of plea	lgor's spouse (if any	)
I If pledgor is	a child, law firm of parent(s) (if any)			
Date	Full name of pledgor	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip	Code		!   
Pledgor's pr	rincipal occupation	Pledgor's job tit	lle	
Pledgor's e	mployer/law firm	Law firm of pled	dgor's spouse (if any	<b>'</b> )
	a child, law firm of parent(s) (if any)			
If pledgor is				In-kind description (if applicable)
If pledgor is	Full name of pledgor	out of state PAC	Amount of pledge (\$)	1
Date	Full name of pledgor		pledge (\$)	
Date Pledgor's p	Full name of pledgor  Pledgor address; City; State; Zip	Code Pledgor's job ti	pledge (\$)	y)

#### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME	$\overline{}$		15 ACCOUNT # (Ethics Commission filers)
KAREN	PARKER	2	
16 SUPPORTING POLITICAL COMMITTEE(S)	may have been made	des political expenditures by political committees to support the ca a without the candidate's or officeholder's knowledge or consent. Ca in only if they receive notice of such expenditures. ••	indidate / officeholder. These expenditures indidates and officeholders are required to
	COMMITTEE TABLE	COMMITTEE NAME	
	COMMITTEE TYPE	BM4 OH-ELECTO-PAC	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	III Congun Die, Suite 1400, A	nstu, 1x 78701
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		Ace PICKENS	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		III Congress AVE, Suite 19	100, Austin Tx 78701
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	l	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2875.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITE	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 8288.12
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS REPORTING PERIOD	* 6474.88
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O AY OF THE REPORTING PERIOD	\$ 10,000.00
18 AFFIDAVIT	·		
			y of perjury, that the accompanying report all information required to be reported by
		Signature of C	candidate or Officetroider
AFFIX NOTARY S	STAMP / SEAL ABOVE	<b></b>	
		Var Parker	3x1 Marah
1 00			a 3rd day of March
19_10_, to certify w	hich, witness my har	A CONTRACTOR OF THE PROPERTY O	SCHROEDER
Bung	Zhroado	NOTAF	RY PUBLIC Of Texas
Signature of officer adr			Title of officer idministering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	dule A(J):
	THE INSTRUCTION	n Come explains now to complete this form.			is this page
2	FILER NAME			3 ACCOUNT # (Eth	
	KARO	EN PARKER			,
4	Date	5 Full name of contributor  See attached schedule  6 Contributor address; City; State; Zip Code	out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9	Contributor's p	principal occupation	10 Contributor's job	title	
11	Contributor's e	employer/law firm	12 Law firm of contr	ibutor's spouse (if a	ny)
13	If contributor is	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
		Contributor address; City; State; Zip Code			   
-	Contributor's	principal occupation	Contributor's job	title	
	Contributor's	employer/law firm	Law firm of contr	ributor's spouse (if a	iny)
	If contributor i	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
		Contributor address; City; State; Zip Code			   
	Contributor's	principal occupation	Contributor's job	title	
	Contributor's	employer/law firm	Law firm of cont	ributor's spouse (if a	any)
	If contributor i	is a child, law firm of parent(s) (if any)			
				· · · · · · · · · · · · · · · · · · ·	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### **Political Contributions** other than pledges or loans (judicial)

#### Schedule A(J)

Date

Full name of contributor

not out of state PAC

Amount of

1 1 5 5 5 5 5

In-kind contribution description (if applicable)

2/28/98

BM&OH-Electo-PAC

\$1,000.00

contribution (\$)

Contributor address

City; State; Zip Code

111 Congress Ave., Auite 1400,

Austin, Texas 78701

Contributor's principal occupation

Contributor's job title

Contributor's

employer/ law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

not out of state PAC

Amount of

In-kind contribution

2/28/98

contribution (\$) \$250.00

description (if applicable)

Hearne, Eppright & Gest

Contributor address

City; State; Zip Code Austin, Texas 78767

P. O. Box 1687,

Contributor's principal occupation

Contributor's job title

Contributor's

employer/ law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

not out of state PAC

Amount of

contribution (\$)

In-kind contribution description (if applicable)

2/28/98

Joseph R. Heffington

\$100.00

Contributor address

City; State; Zip Code

601 Clay,

Kerrville, Texas 78028

Contributor's principal occupation

Contributor's job title

attorney

attorney

Contributor's employer/ law firm

Law firm of contributor's spouse (if any)

self

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

not out of state PAC

Amount of

In-kind contribution

contribution (\$)

2/28/98

Jeffrey R. Jury

\$100.00

description (if applicable)

Contributor address

3901 Silverspring Drive,

City; State; Zip Code Austin, Texas 78759

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/ law firm

attorney

Law firm of contributor's spouse (if any)

Burns Anderson Jury & Brenner

#### Schedule A(J)

#### **Political Contributions** other than pledges or loans (judicial)

Date

Full name of contributor

not out of state PAC

Amount of

contribution (\$)

In-kind contribution

2/6/98

Long, Burner, Parks & Sealy, P.C.

\$250.00

description (if applicable)

Contributor address

City: State: Zip Code Austin, Texas 78768-2212

P. O. Box 2212,

Contributor's job title

Contributor's principal occupation employer/ law firm Contributor's

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

not out of state PAC

Amount of

In-kind contribution

2/27/98

contribution (\$) \$100.00

description (if applicable)

Jeffrey D. Talmadge Contributor address

6309 Shoal Creek Blvd.,

City; State; Zip Code

Austin, Texas 78757

Contributor's principal occupation

Contributor's job title

attorney

attorney

Law firm of contributor's spouse (if any)

Contributor's employer/ law firm self

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

not out of state PAC

Amount of

contribution (\$)

In-kind contribution description (if applicable)

2/27/98

Dick Blankenship

\$50.00

Contributor address

State; Zip Code Austin, Texas 78701

812 San Antonio Street, Suite G-26, Contributor's principal occupation

Contributor's job title

attorney

attorney

Law firm of contributor's spouse (if any)

Contributor's employer/ law firm

self

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

not out of state PAC

Amount of

contribution (\$)

In-kind contribution description (if applicable)

2/27/98

Joe Milner

\$100.00

City; State; Zip Code

Contributor address 6705 Cypress Point N,

Austin, Texas 78746

Contributor's principal occupation

Contributor's job title

attorney

attorney

Contributor's

employer/ law firm

Law firm of contributor's spouse (if any)

self

### **Political Contributions** other than pledges or loans (judicial)

#### Schedule A(I)

Date

Full name of contributor

not out of state PAC

Amount of

In-kind contribution

2/27/98

Archie Carl Pierce ·

\$200.00

contribution (\$)

• 4 . . . . . .

description (if applicable)

City; State; Zip Code

Contributor address 221 West 6th, Suite 1800,

Austin, Texas 78701

Contributor's job title

Contributor's principal occupation

attorney

attorney

Contributor's employer/ law firm

Wright & Greenhill, P.C.

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

not out of state PAC

Amount of

In-kind contribution

2/28/98

contribution (\$)

description (if applicable)

Kay Andrews

\$25.00 City; State; Zip Code

Contributor address 1808 Intervail Trail,

Austin, Texas 78746

Contributor's principal occupation

Contributor's job title

attorney

attorney

Contributor's employer/ law firm Brown McCarroll & Oaks Hartline, P.C.

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

Contributor address

not out of state PAC

Amount of

Law firm of contributor's spouse (if any)

In-kind contribution

Steve Peery

contribution (\$) \$100.00

description (if applicable)

2/28/98

111 Congress Ave., Auite 1400,

City; State; Zip Code

Austin, Texas 78701

Contributor's principal occupation

Contributor's job title

attorney

attorney

Law firm of contributor's spouse (if any)

Contributor's employer/ law firm

Brown McCarroll & Oaks Hartline, P.C.

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

4601 Greystone Drive,

not out of state PAC

Amount of

\$100.00

In-kind contribution

contribution (\$)

description (if applicable)

2/28/98

Wayne Prescott Contributor address

City; State; Zip Code

Contributor's principal occupation

Austin, Texas 78731 Contributor's job title

attorney

Law firm of contributor's spouse (if any)

attorney

Contributor's employer/ law firm

Brown McCarroll & Oaks Hartline, P.C.

Date

Full name of contributor

not out of state PAC

Amount of

in-kind contribution

2/6/98

**John Coates** 

contribution (\$) \$200.00

description (if applicable)

Contributor address 3303 Mt. Bonnell Drive.

City; State; Zip Code

Austin, Texas 78731

Contributor's principal occupation

Contributor's job title attorney

attorney

Contributor's employer/ law firm

Brown McCarroll & Oaks Hartline, P.C.

If contributor is a child, law firm of parent(s) (if any)

Full name of contributor

not out of state PAC

Amount of

\$100.00

Law firm of contributor's spouse (if any)

In-kind contribution

2/6/98

Date

Bill Nalle

contribution (\$)

description (if applicable)

Contributor address

4615 Bunny Run,

City; State; Zip Code Austin, Texas 78746

Contributor's principal occupation

Contributor's job title

engineer

engineer

Contributor's employer/ law firm

Law firm of contributor's spouse (if any)

self

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

not out of state PAC

Amount of

contribution (\$)

In-kind contribution description (if applicable)

2/6/98

David Wagner

\$100.00

Contributor address P.O. Box 2010,

City; State; Zip Code Austin, Texas 78768-2010

Contributor's principal occupation

Contributor's job title

attorney

attorney

Contributor's employer/ law firm Texas Association of School Boards Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

not out of state PAC

Amount of

In-kind contribution description (if applicable)

2/6/98

J. Terry Weeks

contribution (\$) \$100.00

Contributor address 1607 Nueces Street. City: State: Zip Code

Austin, Texas 78701 Contributor's job title

Contributor's principal occupation

attorney

attorney

Contributor's employer/ law firm

Law firm of contributor's spouse (if any)

self

## PAYMENT FROM POLITICAL CONTRIBUTIONS

SCHEDULE H

	BUSINESS OF CIOH			
	เอพ Guide explains how to complete this form.		1 Total pages Sche	dule H:
FILER NAM	ME		3 ACCOUNT # (Eth	ics Commission filers)
Date	5 Business name  6 Business address; City; State; Zip Coo			7 Amount (\$)
Purpose of p	payment	9 Complet Candidate / Officel	e if direct expenditure holder name	to benefit C/OH •• Office sought / held
Date	Business name  Business address; City; State; Zip Coo			Amount (\$)
Purpose of p	payment	Complete Candidate / Office	e if direct expenditure t holder name	o benefit C/OH •- Office sought / held
Date	Business name  Business address; City; State; Zip Cod			Amount (\$)
Purpose of	payment	Comptet Candidate / Office	e if direct expenditure holder name	to benefit C/OH Office sought / held
Date	Business name  Business address; City; State; Zip Co	de		Amount (\$)
Purpose of	payment	** Comple Candidate / Office	ete if direct expenditure	to benefit C/OH •• Office sought / held
	ATTACH ADDITIONAL COP	PIES OF THIS FORM	AS NEEDED	

CREDIT	S (optional)	SCHEDULE K
NOT ,	APPLICABLE	
The Instruction	N GUIDE explains how to complete this form.	1 Total pages Schedule K:
FILER NAME	Ē	3 ACCOUNT # (Ethics Commission filers)
Date	5 Payor name 6 Payor address; City; State; Zip Code	8 Amount (\$)
	7 Reason for credit	· · · · · · · · · · · · · · · · · · ·
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

4-3-5-5

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F: 2 (in cluding this page)
2 FILER NAME KAREN PARKER	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name	7 Amount (\$)
8 Purpose of expenditure	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held
Date Payee name	Amount (\$)
Payee address; City; State; Zip Co	
Purpose of expenditure	Complete if direct expenditure to benefit C/OH
Date Payee name	Amount (\$)
Payee address; City; State; Zip Co	de
Purpose of expenditure	Complete if direct expenditure to benefit C/OH      Candidate / Officeholder name     Office sought / held
Date Payee name Payee address; City; State; Zip Co	Amount (\$)
Purpose of expenditure	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held  PIES OF THIS FORM AS NEEDED

	OUTSTAN	DING LOANS			SCHEDULE L
	The Instruction Gui	DE explains how to complete thi	s form.	1 7	otal pages Schedule L:
2	FILER NAME			3 A	CCOUNT # (Ethics Commission filers)
		PARKER			
	LENDER INFORMATION	4 Name of lender  Richard E.  5 Lender address;  5202 Welco.	Talk City; me glen	State; Anstri 7	Zip Code ス ア8ヲ5ヲ
	GUARANTOR INFORMATION	6 Name of guarantor			
	4 not applicable	7 Guarantor address;	City;	State;	Zip Code
	LENDER INFORMATION	Name of lender			
		Lender address;	City;	State;	Zip Code
	GUARANTOR INFORMATION	Name of guarantor			
	not applicable	Guarantor address;	City;	State;	ZIp Code
	LENDER INFORMATION	Name of lender			
		Lender address;	City;	State;	Zip Code
	GUARANTOR INFORMATION	Name of guarantor			
	not applicable	Guarantor address;	City;	State;	Zip Code
	LENDER INFORMATION	Name of lender			
		Lender address;	City;	State;	Zip Code
	GUARANTOR INFORMATION	Name of guarantor			
	not applicable	Guarantor address;	City;	State;	Zip Code
		ATTACH ADDI	TIONAL CODIES O	E THIS EODM AS NEED	ien

#### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SC		_	_	•		
	п	_		и.	JI.	_

ne Instruction	ON GUIDE explains how to complete this form.	1 Total pages Schedule I:
ILER NAM	ΛE.	3 ACCOUNT # (Ethics Commission filers)
Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure	· · · · · · · · · · · · · · · · · · ·
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure	
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Date		(\$)
Date  Date	Payee address; City; State; Zip Code	Amount (\$)
	Payee address; City; State; Zip Code  Purpose of expenditure  Payee name  Payee address; City; State; Zip Code  Purpose of expenditure	Amount (\$)
Date	Payee address; City; State; Zip Code  Purpose of expenditure  Payee name  Payee address; City; State; Zip Code  Purpose of expenditure	Amount (\$)  Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

### POLITICAL EXPENDITURES

Texas Ethics Commission

				 	$\overline{}$
SC	: 141	ΞD	11	= 1	l –

The Instruct	TION GUIDE explains how to complete this form.	1 Total pages S	chedule G:	
FILER NA	ME	3 ACCOUNT#	(Ethics Com	mission filers)
Date	5 Payee name 6 Payee address; City; State; Zip Code	•••••	8	Amount (\$)
	7 Purpose of expenditure			Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
	Purpose of expenditure			Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
	Purpose of expenditure			Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
	Purpose of expenditure			Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
	Purpose of expenditure			Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF T	HIS FORM AS NEEDED		

#### **Political Expenditures**

#### Schedule F

Date 1/31/98

Payee name Bert Kivell

Payee address 937 Reinli, #3 City State Zip Code Austin, Texas 78731 Amount \$1,691.16

Amount

\$6,596.96

Purpose of expenditure

Complete if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought/held

sign materials & putting up signs

Date 2/6/98

Payee name

Montgomery & Associates

Payee address 2101 S. IH35, Suite 432 City State Zip Code Austin, Texas 78741

Purpose of expenditure

Complete if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought/held

consulting, printing & mailing expenses

### LOANS (JUDICIAL)

SCHEDULE E (J)
----------------

NOT APP	LICABLE			
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E(J):	
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)	
4 TOTA	L OF UNITEMIZED LOANS:	\$ \$ \$	₽ ₽	\$
5 Date of loan	7 Name of lender	t of state PAC		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code			10 Interest rate
Y N			İ	11 Maturity date
12 Lender's Principal Occupation 13 Lender's Job Titl				
14 Lender's Employer/Law Frim		15 Law Firm of lender's spouse (if any)		
16 If lender is child, law	firm of parent(s) (if any)			
17 Description of Collate	ral			
none				
18 GUARANTOR INFORMATION	19 Name of guarantor		į	21 Amount Guaranteed (\$)
not applicable	20 Guarantor address; City; State; Zip Code			
22 Guarantor's Principal Occupation		23 Guarantor's Job Title		
24 Guarantor's Employer/Law Frim		25 Law Firm of guarantor's spouse (if any)		
26 If quarantor is child	law firm of parent(s) (if any)	· · · · · · · · · · · · · · · · · · ·		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.